SECTION IV
ASSESSMENT STANDARDS & REPORTS
AGES 4 TO 18--PSYCHOLOGICAL

A. ASSESSMENT STANDARDS FOR AGES 4 TO 18 (PSYCHOLOGICAL)

Children (ages 4-18) require a psychological evaluation when they first enter care using the First Placement, Best Placement standards.

A psychological evaluation is a ***written report*** of the information collected during the evaluation. This report should include, but is not limited to, the psychological status of the child or adolescent at the time they enter foster care. **If the psychological evaluation yields any psychological or developmental delays or concerns, the psychological summary and report must provide detailed recommendations and actions to be taken.** The case manager then coordinates services to keep or get the child or adolescent on target with their age appropriate development.

Every child or adolescent (ages 4-18) must have a psychological evaluation.

NOTE: Do not begin the Psychological Evaluation until the hearing and vision screening results are available.

Psychological Evaluation

A psychological evaluation should include, but is not limited to, a review of the following domains or areas: (See below for examples of further assessment domains)

- Identifying data
- Reason for referral
- Background
- Past evaluations and treatment
- Behavior observations/mental status
- Evaluation Results
- DSM IV-Multi-Axial Diagnosis
- Summary and Recommendations
    - Must address the referral question and presenting problems
    - Validity Statement (e.g. This evaluation appears to be a valid reflection of this child's level of functioning.)
    - Placement Recommendations (if appropriate)
    - Treatment Recommendations
    - Referrals for Additional Assessment (if necessary)
    - Signature of Licensed Psychologist, Date

Adolescent Assessment Note: The psychological evaluation should explore the child's or adolescent's abilities and needs in depth. For adolescents (ages 14-18) the following additional areas and domains must be evaluated:

- Functional Assessment
- Life Skills Development
- Interpersonal Relationships
- Family of Origin
- Future Perspective
- Pre Vocational and Vocational
- Self Esteem
- Life Experience and Coping Skills

The written report will contain information on the domains or areas listed above, as part of the psychological evaluation. It will also include a DSM-IV-Multi-Axial Diagnosis, summary and recommendations, and the name, license number and signature of the licensed psychologist conducting the assessment.

❖ Remember to have the following items included in the appendix of the report for adolescents (ages 14 - 18) who may be transitioning out of foster care.

- Draw your strength.
- Genogram
- Ecomap
- Draw Your Future
- Road of Life
- ACLSA-Level III: Response Summary
- IDEAS Profile Sheet

❖ The case manager should provide the youth a copy of the adolescent component of the assessment.

Pre-evaluation for a Psychological Evaluation

Pre-evaluation. Before a psychological evaluation is conducted, the case manager responsible shall take the following actions:

1. *Generate a referral question before the request for a psychological evaluation is sent to the psychologist.* (See page 15, Pre-Evaluation Checklist) An individual or a team may generate the referral question. Ideas for a referral question may be gathered from case managers, foster parents, biological family members, facility representatives, physician, teachers, etc. Referral questions may be general or specific. (General: We are seeking a child's cognitive ability level, current achievement level and an emotional profile.) (Specific: Is this child retarded? Does this child have dyslexia? Does this child have ADHD?)

2. The provider must have a hearing and vision screening completed prior to beginning the evaluation. ***Do not begin the evaluation until the hearing and vision screening results are available for your records.***

3. Provide background information. The case manager, foster parent and/or facility representative must be available to the psychologist to provide background information and to complete developmental and behavioral questionnaires. If an adult who has limited knowledge of the child provides transportation, then it is the responsibility of the case manager and/or facility representative to set up an in-person or telephone appointment. The purpose of this appointment is to provide the information within one week of the evaluation so the report can be completed in a timely manner.

4. Provide copies of previous reports. Copies of all prior psychological evaluations, psycho-educational reports and other relevant reports should be provided to the psychologist when the child is transported to the evaluation. It is the responsibility of the case manager to determine if the child has been receiving special education services or has been considered for special education services.

5. Provide information on medications. Inform the psychologist if the child is on medication at the time of the evaluation. A list of all medications should be provided to the evaluator at the time of the evaluation.

Other factors the case manager is responsible for considering during the pre-evaluation process include:

- Children/youth shall not be left in the office for an evaluation. The case manager, facility representative or foster-parent need to be reached *immediately* to pick up the child if the evaluation needs to be discontinued or an emergency arises. Many of these children have been traumatized by the changes in their lives and may not be able to focus. If it is determined that a valid assessment *cannot* be completed, it is *the psychologist's* responsibility to discontinue the session.

- It is expected that the evaluator will be sensitive to cultural and language issues during the evaluation and when writing his/her report.

- Children in placement often exhibit a wide range of problem behaviors at a rate higher than the general clinical population. These behaviors *may* require further specialized assessments.

Children or adolescents may require additional specialized assessments. Examples of specialized assessments are:

- Dissociative Disorders
- Learning Disability
- Occupational Therapy Evaluation
- Sexual Perpetrator
- Speech and Language Evaluation
- Firesetting
- Neuropsychological
- Psychiatric Evaluation
- Specialized Medical
- Trauma Assessment (sexual, physical)

Time Frame. The case manager must complete the pre-evaluation within five working days of the conclusion of the 72-hour hearing for children who remain in Georgia DFCS custody.

Adult Psychological Evaluations and specialized assessments: An Assessment by means of Psychological, Psychiatric, Speech Therapy Services (formerly known as PPST) and specialized assessments may be utilized when Medicaid is not available. The following are eligible to receive assessment and treatment services:

- ❖ Children in foster care
- ❖ Birth parents of children in care when the permanency plan is reunification or when another permanency plan may need to be selected.
- ❖ Relative care givers of children in care when the permanency plan is placement with a "fit and willing relative" or when another permanency plan may need to be selected.
- ❖ Foster Parents serving special needs children who require consultation about a specific child in the home.

Providers must be licensed for the service performed; ie., psychiatric and psychological evaluations and therapy must be done by a psychiatrist (M.D.) or by a clinical psychologist (Ph.D.). These assessments are charged at the former PPST rates for services see Foster Care Manual Fiscal Services – Section 1016.5.

When "511" assessment funds are determined to be the only available funding source, have form 535, Authorization and Claim for Psychological, Psychiatric or Speech Therapy Services, completed and signed by the County Director/designee. Provide instructions to the provider for submitting the claim to the county department for services rendered.

WHO CAN COMPLETE--Psychological Evaluation

Psychological evaluations are to be completed and signed by a licensed psychologist and/or a psychiatrist.

B. AGES 4 TO 18 ASSESSMENT REPORT

The title and format of the report is as follows and *must* include the following nine (9) sections. *These are minimum standards*. Psychologists are free to expand these standards to reach assessment goals

Psychological Evaluation Report

I. **Identifying Data**

- Name
- Date of Birth
- Child's Social Security Number (if applicable)
- Date of Referral
- Date of Evaluation
- Names of the following:
  - Parent/Guardian
  - Foster parent
  - Referring person and agency

II. **Reason for Referral**

III. **Background Information**

- History of child/youth
- Present placement

IV. **Summary of Past Evaluations and Treatment**

V. **Behavior Observations/Mental Status**

- Summarize ***possible clinical behavior***s that *may* emerge in a child or adolescent being assessed. The summary is not a comprehensive review of syndromes or disorders but rather an introduction to emphasize that infants, toddlers and pre-school children are at higher than average risk for problems when they are in care. Some children are remarkably resilient and have the ability to bounce back from challenges and attach to a new family

VI. **Evaluation Results**

- Include name of test and scores (standard scores, percentiles, grade equivalent scores)
- Summarize results and findings of each test

It is the responsibility of the Psychologist to review previous psychological reports to determine if an IQ test needs to be repeated within the three-year window. If an IQ test does not need to be repeated, it is expected that the psychologist will use the extra time for extended achievement screening or personality measures.

The following sections are completed for each child receiving First Placement Best Placement comprehensive assessment services.

A. Intellectual Assessment

- IQ score from the WISC-III, Stanford-Binet, WAIS-R, DAS (Differential Abilities Scale), Bayley Scales of Infant Development, WPPSI-R

Requirements for IQ Testing:

- An IQ test *does not* need to be repeated:
  - If a child has had an IQ score completed with the *WISC-III* or *Stanford-Binet* within three calendar years.
  - If the child was at least 7 (seven) years of age at the time of the earlier IQ test
  - If a child *will not be referred for Level of Care and/or MATCH services*

- An IQ test *must* be repeated:
  - If a child was under 7 (seven) years of age at the time of the earlier IQ test
  - If the child has had a head injury or evidence of serious mental illness has emerged since the initial evaluation
  - If the child was not on medication (such as Ritalin) during the earlier evaluation
  - If a child *will be referred for Level of Care and/or MATCH services,* an IQ test must be current and completed within one calendar year.

NOTE: Abbreviated scales (Kaufman Brief Intelligence Test -KBIT or Wechsler Abbreviated Scale of Intelligence -WASI) are acceptable *only* if the child's scores fall at the Low Average or above. Children with Borderline or Intellectually Disabled scores on an abbreviated instrument will need an IQ score from a Full battery. Children with evidence of Learning Disabilities will need an IQ score from a Full battery.

B. Adaptive Behavior Scales

- **If IQ falls within or below the Mildly Mentally Retarded Range** - an Adaptive Behavior Scale must be administered (i.e. Vineland, AAMD)

C. *Academic Screening and Assessment*.

- WRAT - 3 (Wide Range Achievement Test) may be used for screening. WJ II - (Woodcock-Johnson II) or WIAT - (Wechsler Individual Achievement Test) preferred for assessment.
  - Assessment will need to target problems highlighted by the screening or referral question. Further referrals for additional evaluation may be required.

D. *Personality Measures*

- Choice of measures based on age, referral question, IQ, etc.
  - Objective (e.g. MMPI-A, RCDS, RADS)
  - Projective (e.g. TAT, RAT-Roberts Apperception Test, Rorschach)

E. *Standardized Behavioral Check List*

- For example, Achenbach, CAFAS, BASC
- Report significant Problem Areas.

VII. **DSM IV - Multi-Axial Diagnosis**

- Include all 5 axes and numerical codes.

VIII. **Summary and Recommendations**

- Summary and recommendations must address the referral question, presenting problems, and the reason the child came into care.
- Supplemental recommendations may be listed. These recommendations should address the underlying reasons, which impact the child and family functioning.
- A validity statement should be included (i.e. This evaluation appears to be a valid reflection of this child's current level of functioning).
- Recommendations for placement (if appropriate)
- Recommendations for Treatment
- Referrals for additional assessment (if necessary)

IX. **Name, Signature of Psychologist and Date Completed**

- License Number
- *Only* Licensed Psychologists are eligible to complete and sign psychological evaluations. Psychometrists may be used to administer and score tests. The psychologist is responsible for diagnoses, summaries and treatment recommendations.

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